



Date: _____

**International Student
On-Campus Employment Verification**

Kristie S. Gover, Ed.D.

Senior Vice President for Student Affairs

Dean of Students

RE: On-Campus Employment Verification

Student Name: _____

Department: _____

Position: _____

Employment Start Date: _____

Hours per Week: _____

Employer Identification Number (EIN): 59-0624412

Student's Immediate Supervisor - Signature

Student's Immediate Supervisor - Printed

Phone: _____ **Email:** _____